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UNCLAS SECTION 01 OF 02 RANGOON 000623

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SUBJECT: BURMA UNPREPARED TO FIGHT AI IN HUMANS

REF: RANGOON 604

¶11. (SBU) Summary: WHO Country Director Dr. Adik Wibowo reported that Australia will donate A\$1,000,000 (approximately \$770,000) and the Asia Development Bank plans to donate US\$1,000,000 to combat AI in Burma, but stressed that more work is needed to handle an AI epidemic effectively. On a recent trip to Mandalay Division, WHO staff were shocked at how unprepared Burmese medical personnel and facilities are to handle surveillance, reporting, testing, identification, isolation and treatment of AI in humans. WHO struggles to identify additional funding to educate medical specialists, improve lab capabilities, and develop rapid response teams. End summary.

Assistance Trickles In

¶12. (SBU) On May 8, WHO Country Representative Dr. Adik Wibowo and Technical Officer Kanokporn Coninx briefed Charge on current WHO efforts to combat Avian Influenza (AI) in Burma. Wibowo said she had finalized plans for an A\$1,000,000 donation from AusAID, which will be applied to needs identified in the March 8, 2006 WHO/FAO Joint Proposal. The Asian Development Bank (ADB) also plans to fund WHO's efforts to strengthen Burmese capabilities to fight human AI outbreaks. Wibowo said that the GOB Minister of Health told her that he would push the Foreign Economic Resources Department (FERD) of the Ministry of Planning to draft a letter the ADB requires before it will release the promised US\$1,000,000. Although she expressed gratitude for this new funding, and past and potential USG contributions, Wibowo said, "it is only a grain of sand in a desert full of need."

Transparency and Cooperation

¶13. (SBU) Wibowo informed Charge that a Thai epidemiologist had just joined Rangoon FAO staff for two months, and that she also plans to hire a local epidemiologist for the WHO office. She is seeking an international epidemiologist to be assigned to her office. WHO, FAO, UNICEF, and Ministry of Health officials on a Risk Committee have developed communication materials for dissemination in both affected and non-affected areas. "That cooperation has been called a model for the region," she said. Both Wibowo and Coninx repeatedly emphasized the good cooperation they had received from the Minister down to local health officials. Officials at every level have been completely transparent in sharing all information gathered to date.

Team Identifies Priorities

¶14. (SBU) Coninx briefed Charge on her recent trip to Mandalay Division with three epidemiologists from WHO Bangkok, including the head of the Thai CDC office. The team had specific approval from the Minister to visit medical facilities at the district, township and village levels, including Kandawnadi Hospital, the Mandalay facility designated to receive human AI patients from northern and central Burma. She was "shocked by how unprepared" the facility and the staff are. Kandawnadi is an old orthopedic hospital closed in 2000, reopened during the SARS epidemic in 2003, closed again, and recently reopened to handle AI. One doctor, one nurse, and two workers come in for daily shifts, but they have no equipment or supplies, including basics such as IV drip holders. The ability to isolate patients is nonexistent, so medical staff would be at risk when treating AI patients. No biosafety measures have been implemented. Coninx also noted that, despite Health Ministry claims, medical personnel had received no training on identifying and handling suspected AI cases. At the village level, midwives with no medical training have been given responsibility for preparing the weekly and monthly AI status reports that are sent to the Ministry of Health.

¶15. (SBU) The WHO visiting team identified the following priority activities to improve the GOB's ability to address human cases of AI:

-- Sponsor a study tour by Burmese state/division directors

to medical facilities in Thailand to expose them to current standards and procedures. Wibowo said that the Thai Minister of Public Health told her recently that he would help fund WHO efforts to train Burmese health professionals to fight AI. Wibowo noted that two Burmese health officials attended lab training recently in Bangkok, and she hoped to send more for lab training in June and for AI preparedness training in August.

-- Upon the participants' return from Thailand, begin to train medical personnel from the state/division level down to the village level.

-- Once health care workers are trained, establish rapid response teams in each township, comprised of a doctor, a nurse, two lab technicians and one support staff person.

-- Prepare two to three proper isolation units in each of the two hospitals designated to accept potential AI patients.

-- Improve lab capabilities. Wibowo noted that, due to the antiquated equipment found at division levels, it would be more cost effective to rely on a central lab. This would require development of a safe system to transport samples to Rangoon from the rest of the country. Currently health officials hand-carry them to Rangoon.

-- Develop a better case definition of potential AI in humans. Burmese medical authorities lack up-to-date information based on recent studies in Thailand and Vietnam, Wibowo said. Specifically, they need to look at cases of severe pneumonia more closely. Currently, doctors are monitoring four patients in Mandalay Division and four patients in Sagaing Division for AI. "We have a golden opportunity to improve their capability now," Wibowo said, "before there is an actual human case here."

¶6. (SBU) Comment: GOB health officials realize how unprepared they are to cope with a human AI pandemic. They have been given the responsibility, but no resources, thus their eagerness to cooperate with the international community. Dr. Wibowo has set the tone for engagement that has allowed, and encouraged, GOB officials to share information with the international community. She understands both donor sensitivities and the woeful state of GOB capabilities. A U.S. epidemiologist working with WHO, and USG assistance in support of the WHO/FAO Joint Proposal, would enable us to guide preparations at an early stage to contain and control the spread of AI well before it spreads to our shores. This is an area where Burma has already indicated that our advice will be welcomed. We should take up the opportunity. End comment.

VILLAROSA